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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MANABERICO SOXIMINISSION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name , ()	Office:
atricia Suther and	House □ Senate
Mailing address	District 7
City, zip code ()	The formal management of the second s
Chapman 04757	764-1490
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOT	orstanda a e bot estrador taradic
List the name and address of each employer from whom you received compensation of \$1,000 or economic activity of each employer.	more. Specify the principal type of
Name of Employer Address	Principal Type of Economic Activity of Employer
State of Maine Augusta	state government/
	legislature
DADY O WOODE -	
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)	
A. List the name and address of your business, if any, and list the major areas of economic activity associated with a partnership, firm, professional association, or similar business entity, list the major entity.	from which you derived income. If areas of economic activity of that
e consistence e la company de la company	t A twentie xs -
Name and Address of Business Entity Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar
	business entity)
Name:	
Address:	
Name:	
Address:	

PA	ART 2 (continued). INCOME DERI For Legislators who		The second of the San San
greater, and specify the princip	derived from self-employment that repre- al type of economic activity of the enti- rule, or an established code of profession income was derived.	ity or person from whom you derived	such income. If this form of
Victorias I application of actions and applications are for all participations of the	Name and Address of Source	Activ	rincipal Type of Economic ity of Entity or Person Who is he Source of the Income
Name:		:	
Address:			
Name:	на става и <u>по</u> д не под на под Н	For the first and have also to the Film Mark Mark and a Till for the anti-anti-anti-anti-anti-anti-anti-anti-	
Address:		!	
	PART 3. MAJOR ARE	AC OF PRACTICE	Se de vije bili seljija japač jest. Se ješkije
List your major gross of procing	(For Legislators who are a	attorneys-at-law on(y)	
decision description and services and services are an extension of the service and definition of the services and services and services are also services are also services and services are also services are also services and services are also se	If associated with a law firm, list the m	Major Areas of Practice	Major Areas of Practice
Name	and Address of Firm	(self)	(firm)
Name:			
Address:			
Name:			**************************************
Address:			
	PART 4. OTHER SOU	RCES OF INCOME	行表型。 1480年 14
List each source of income of \$1	,000 or more <u>not listed</u> in Parts 1, 2, or	3 of this form. Do not include gifts. If r	one, check the box.
None			
and the second s	Name and Address of Source		Kind of Income rvestments, leases, etc.)
Name: ME Retin	emon System	0	ŧ
Name: ME Retin Address: Augus	C.	Te.	Serv
/) /	The first section are are a second of the contract of the second or second o	PODY ANNEX A VENTORAL-FOR PROTORED PROTORED INVESTOR C (NAMELON) BANGORIA (BEL 1973 GARANT DA N. N. NO (NESSAGO) E Z	BOTHER - EAST - E. V
Name: Address:			
Address.			
	DADT & DEDODTAL		. Name of the state of the stat
A fact the second of the second	PART 5. REPORTAE		e at a first
areas of economic activity of each	ny <u>unsecured</u> loans of \$3,000 or more hardless. Do not list credit card liability	e that you received during the reporting or loans from a relative. If none, checomology or loans from a relative.	ng period, and list the major ck the box.
None	en e		
	Name and Address of Creditor	Pri	incipal Type of Economic Activity of Creditor
Name:			
Address:			
Name:			

Address:

PART	6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Inconnection check the box.	1771 1771 1	5、 660、 6、 6、 4 菱 6 6 6 6 6 5 1 20 1 20 1 20 1 20 1 20 1 20 20 20 20 20 20 20 20 20 20 20 20 20
None	**PP**23 - 125 - mile M.M. Markette Charles of the delitable on the professional and the delitable of the delitable on the professional and the delitable of the delitable on the delitable of the delitable on the delitable of the delitable on the delitable on the delitable of the delitable on the delitable of the delitable on th	эрин жин түү түү түү түү түү түү түү түү түү тү
Name of Source of Gift 1.	e of the management of the contract and an active management of the contract and active management of the co	Name of Source of Gift
2.	4.	ed transport designations and the proposition of th
PART 7. R	REPORTABLE HONORAR	
List the source of any honoraria accepted for appearances o	or speeches related to your le	gislative responsibilities. If none, check the box.
None .	^{1,1} (4) - 1 гд. это чит принципа в в в в принципа (1,1) - 12 година (1,1) - 12 го	
Name of Source of Honoraria	A STANDARD S	Name of Source of Honoraria
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2.	4.	
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List each executive branch agency before which you repres	ented or assisted others for	compensation of any amount. If none, check the
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Name of Agency	$Iwill infinite in \mathbb{R}^{d} \sim \operatorname{adjacolity}_{-1} \otimes \operatorname{const}_{-1} \operatorname{deconstraint}_{-1} \operatorname{deconstraint}_{-1} \operatorname{const}_{-1} cons$	Name of Agency
1.	3.	Name of Agency
2.	4.	
PART 9 BUSIN	NESS WITH STATE AGEN	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.		
None		
Name of Agency		Name of Agency
1.	ar onter sir errhinialism er - one testelle littliminaturi misse ini e es elle er en 3.	SNATE OF AGEILY
2.	$\frac{1}{4}.$	
and the second of the second o	N TO ON ARREST SIGN OF THE	ERATE OF THE STATE
PART 10. INCOME RECEIVE		Special Control of the Control of th
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If v	received by your spouse or domestic partner or your spouse or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income
Name:	1.	Spouse or
Job Title:	2.	Domestic 2.
oob Title.	3.	Partner 3.
16		Dependent Child
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child
	•	Dependent Child

PART 11. OFFIC	ER OR DIRECTOR	POSITIONS		
List any for-profit or nonprofit corporation, firm, association, pa any office, trusteeship, directorship, or position of any nature. was compensated. If a family member listed, indicate your rel	Indicate whether you	or a family held the p	osition and wheth	
☐ None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Board of Selecturen Town of Chipman 04757	Sileotman	Sief		izes
No Maine Development Comme Po Box 749 Caribon ME 04736	Bou d Member	Seg		no
	SIGNATURE			
The intentional filing of a false statement is a Class E cri willfully filed a false statement, it shall refer its findings of				a Legislator has
Signature		/ D	ate	
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Please provide any additional information below (and or the information you are providing.	n additional sheets if	needed). Indicate	e the part or sect	ion number for
Part/Section Number		THE REPORT OF THE PROPERTY OF	And the state of t	Par II is 19 we write to y
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